

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/523365

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	11					
2	11					
3	21					
4	11					
5	11					
6	11					
7	11					
8	31					
9	21					
10	21					
11	21					
12	11					
13	21					
14	21					
15	21					
16	21					
17	11					
18	11					
19	11					
20	11					
21	11					
22	11					
23	21					
24	11					
25	11					
26	11					
27	11					
28	21					
29	21					
30	11					
31	11					
32	11					
33	11					
34	101					
35	101					
36	101					
37	101					
38	11					
39	11					
40	11					
41	11					
42	11					
43	31					
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	4		↓		↓	↓
TOTAL DEP.	81	←	←	←	←	←
TOTAL CLAIMS	85	██████████	██████████	██████████	██████████	██████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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95						
96						
97						
98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS		██████████	██████████	██████████	██████████	██████████